

PO60000120209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100163533011

12/21/09--01018--025 **35.00

Dr. Lin Liang

FILED
09 DEC 21 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts DEC 22 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ACCOUNTANTS ASSOCIATES OF MIAMI, INC

(Name of Corporation)

DOCUMENT NUMBER: P06000120209

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARAMIS LOPEZ

(Name of Person)

(Name of Firm/Company)

8902 NW 189TH TERRACE

(Address)

MIAMI, FL 33018

(City/State and Zip Code)

For further information concerning this matter, please call:

ARAMIS LOPEZ

(Name of Person)

at (305) 494-0167

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

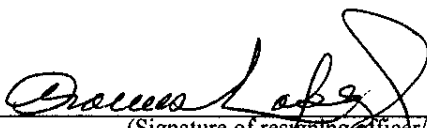
FILED
09 DEC 21 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ARAMIS LOPEZ, hereby resign as VP-PRESIDENT
(Title)

of ACCOUNTANTS ASSOCIATES OF MIAMI, INC
(Name of Corporation)

P06000120209, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)
12/18/09

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314